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Psychiatry

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PUBLIC HEALTH, WELFARE & SAFETY

Exhibit No. 9

Date 1-28-2009

Bill No. SB ~~233~~

233

Re: Opposition to SB 233

Mr. Chairman and Committee Members:

My name is Dr. Lee Simes and I have been a Board Certified Psychiatric Physician for over 31 years practicing mainly in rural communities. I am proud now to be employed at Montana State Hospital as a Psychiatric Physician serving the sickest of our citizens with mental illness.

Today, though, I am here on my own time at this hearing in the role of President of the Montana Psychiatric Association, the District Branch of the American Psychiatric Association. My members have joined the Montana Medical Association, the American Medical Association, and all Medical Specialty Organizations in opposition to this bill. Our belief in common is

**THERE IS NO SHORT CUT TO BECOMING A PRESCRIBING
PSYCHIATRIC PRACTITIONER!**

Most Physicians will agree that patients with Mental Illness are some of the most complex and challenging of all in medicine due to their brain and body impairment. In addition, their psychiatric and medical conditions require treatment with the most powerful and dangerous medications, much like the chemotherapy for cancer.

Though we have many successes in this battle, many of our patients due to genetic, social, financial, and poor health habits, will have their life span shortened by as much as **25 years!**

Because of the severity of their mental and physical illnesses, Psychiatric Physicians have the longest training requirement of almost any Physician except for a few such as Cardiac and Neurosurgeons. To learn the physiology, anatomy, pathology, pharmacology, and biochemistry of both the brain and the body requires the Psychiatric Physician to train for 12 to 13 years before they can practice independently. Psychologists do not receive this same training as they are not Physicians. Our patients with mental illness deserve the best care possible and

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Access is also part of this issue as well it should be. Be it a Psychologist or a Psychiatric Physician, we do want people with mental illness to get treatment as close to their community and families as possible. But when I look at the map of where Psychologists are located, the distribution seems to leave the same gaps in care and access is not improved.

Then I compare the locations of Family Physicians, both in the rural communities and hospitals and I see an obvious way to improve access. Why not train these rural Family Physicians that have already completed the education of Medical School and have prescribing knowledge to feel more able to treat their patients with mental illness. Isn't this more efficient that to start from scratch with non-Physicians?

The Montana Psychiatric Association members in Billings recently held such a conference "Psychiatry on the Frontier", a training for rural Family Physicians to improve their skills in the treatment of the mentally ill. Presently, there are Telemedicine and Internet Psychiatric Consultation Programs being developed in Montana that would allow rural Family Physicians to request consultations with Psychiatric Physicians about patients in their communities. Montana Medicaid also sends out letters to Family Physicians that are educational in nature and recommend quality improvement guidelines in regards to prescribing for the mentally ill. In addition, these same Physicians are offered a phone consultation with a Psychiatric Physician if they so desire.

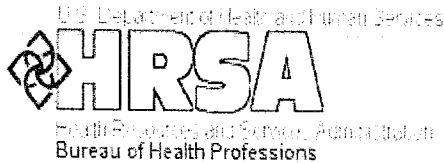
But the bottom line is that our patients with mental illness deserve the best care they can get and

**THERE IS NO SHORT CUT TO BECOMING A PRESCRIBING
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What is a Psychiatrist?

A psychiatrist is a physician who specializes in the diagnosis, treatment, and prevention of mental illnesses and substance use disorders. It takes many years of education and training to become a psychiatrist. He or she must graduate from college and then medical school, and go on to complete four years of residency training in the field of psychiatry. Many psychiatrists undergo additional training so that they can further specialize in such areas as geriatric, addiction, forensic, child and adolescent, pain and/or psychopharmacology.

The extensive medical training enables the psychiatrist to understand the body's functions and the complex relationship between emotional illness and other medical illnesses. The psychiatrist is thus the mental health professional and physician trained and qualified to distinguish between physical and psychological causes of both mental and physical distress.



State Health Workforce Profiles

Highlights

Montana

The Montana Health Workforce: Highlights from the Health Workforce Profile

- ✓ There were more than 37,000 workers employed in the health services sector in Montana in 2000, 9.8% of Montana's total workforce. Montana ranked 23rd among the states in per capita health services employment.
- ✓ Health services employment in Montana grew 37% between 1988 and 2000, while the state's population grew by 13%, resulting in a net per capita growth of 22% in health services sector employment, comparable to the national rate of 21%.
- ✓ The total population of Montana is projected to grow 21% between 2000 and 2020, while the population 65 and over is projected to grow 96% between 2000 and 2020.
- ✓ In 1999, Montana was below the national rates in the rate of deaths due to heart disease and cancer but was above the national rate in the rate of deaths due to firearms. There were low incidences of TB and reported AIDS cases in 2000-01.
- ✓ In 2000, Montana ranked 5th among states in the number of hospital beds per 100,000 population.

Highlights of the findings about the health workforce in Montana are presented below.

Medicine

- ✓ There were over 1,700 active patient care physicians in Montana in 2000. With 190 physicians per 100,000 population, Montana was lower than the national ratio of 198 physicians per 100,000. Montana ranked 24th among states in physicians per capita.
- ✓ Montana had 67 active primary care physicians per 100,000 population in 2000, slightly lower than the rate of 69 per 100,000 for the entire country.
- ✓ The number of physicians in Montana grew 42% between 1989 and 2000, while the population grew only 13% over this period, leading to a net per capita growth of 26%, higher than the national per capita increase of 17%.
- ✓ There were 173 physician assistants practicing in Montana in 2000. This was equal to 19.1 physician assistants per 100,000 population, higher than the national rate of 14.4.

Nursing

- ✓ There were nearly 9,300 licensed registered nurses (RNs) in Montana in 2000; over 7,300 were employed in nursing. There were 811 RNs per 100,000 population in Montana, higher than the national rate of 780.2.
- ✓ The number of RNs in Montana increased 28% between 1988 and 1996 while the state's population only grew 11%. The result was a 16% growth in RNs per capita, compared to a 20% growth nationwide.
- ✓ In 2000, Montana ranked 20th among the states in the per capita employment of Licensed Practical/Vocational Nurses (LPNs), with 260.1 LPNs per 100,000 population, higher than the national rate of 240.8 per 100,000. Montana ranked 41st in the number of LPNs employed in 2000 with 2,350 workers.
- ✓ With 33 certified nurse midwives in 2000, Montana had 3.7 certified nurse midwives per 100,000 population, higher than the national rate of 2.9. Montana ranked 18th among states in certified nurse midwives per capita.
- ✓ With 67 certified registered nurse anesthetists in 2003, Montana had 7.4 nurse anesthetists per 100,000 population, lower than the national rate of 9.3.

Dentistry, Pharmacy and Mental Health

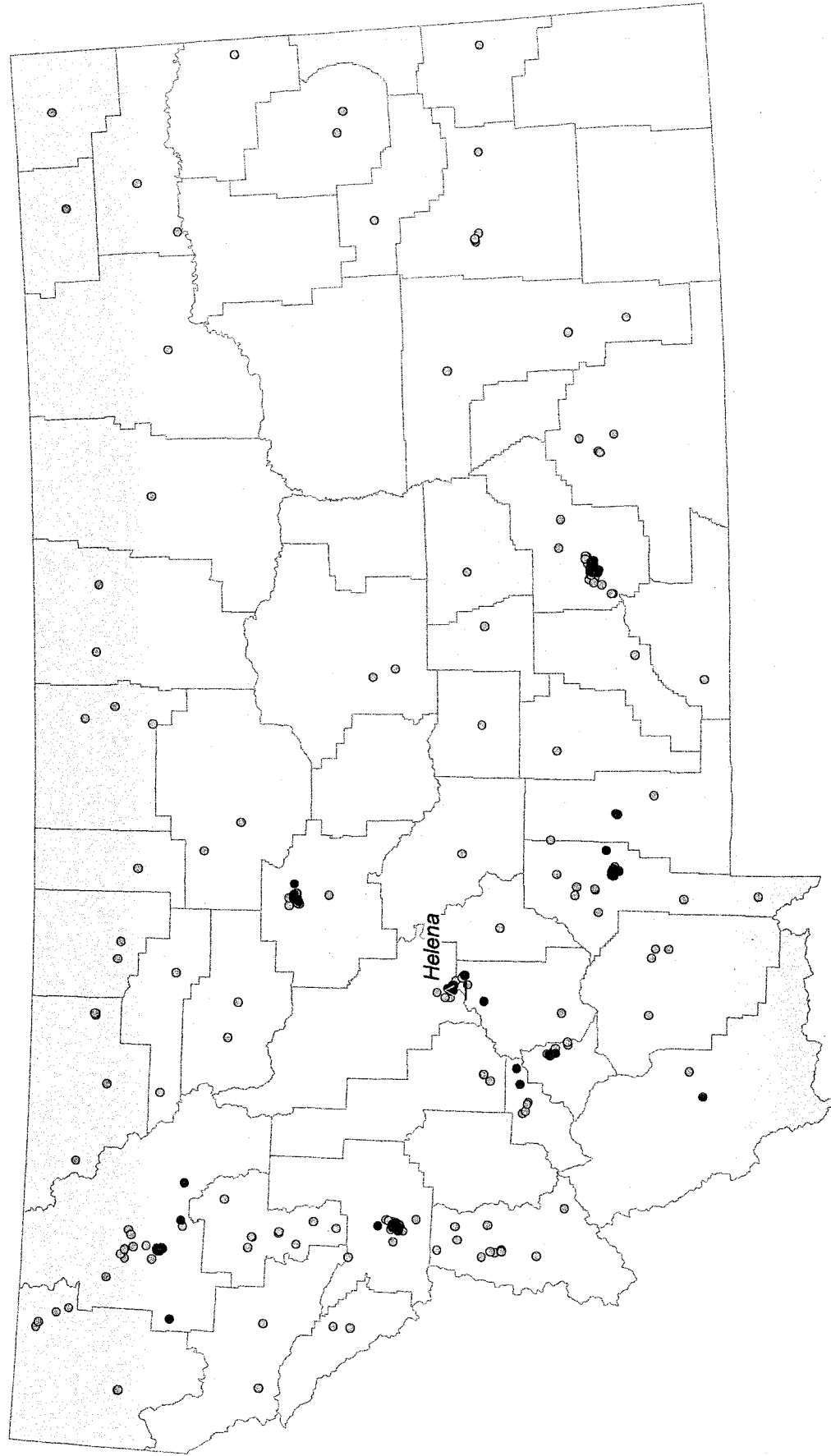
- ✓ There were 469 dentists, 690 dental hygienists, and 670 dental assistants practicing in Montana in 2000. There were 51.9 dentists per 100,000 population in Montana in 2000, lower than the national rate of 63.6. The per capita ratio of dental hygienists was higher than the national rate while the per capita rate of dental assistants was lower than the national rate.
- ✓ The number of dentists in Montana increased 6% between 1991 and 2000 while the state's population grew 12%. The result was a 5% decline in dentists per capita compared to a 16% increase nationwide.
- ✓ There were 760 pharmacists and 480 pharmacy technicians and aides practicing in Montana in 2000. Montana had 84.1 pharmacists and 53.1 pharmacy technicians and aides per 100,000 population in 2000, which ranked them 13th and 49th, respectively, among the 50 states.
- ✓ There were 71 psychiatrists, 210 psychologists, and 1,570 social workers in Montana in 2000. This was equal to 8.1 psychiatrists, 23.2 psychologists, and 173.8 social workers per 100,000 population. Montana ranked 37th among states in psychiatrists per capita, 41st among states in psychologists per capita, and 21st among states in social workers per capita.

Aides

- ✓ There were 1,230 home health aides and 4,800 nursing aides, orderlies, and attendants working in Montana in 2000.

Montana Psychiatrists and Primary Care Physicians (MD, DO)

- = the location of one or more actively practicing Psychiatrists (n = 85)
- = the location of one or more actively practicing Primary Care Physicians (n = 795)

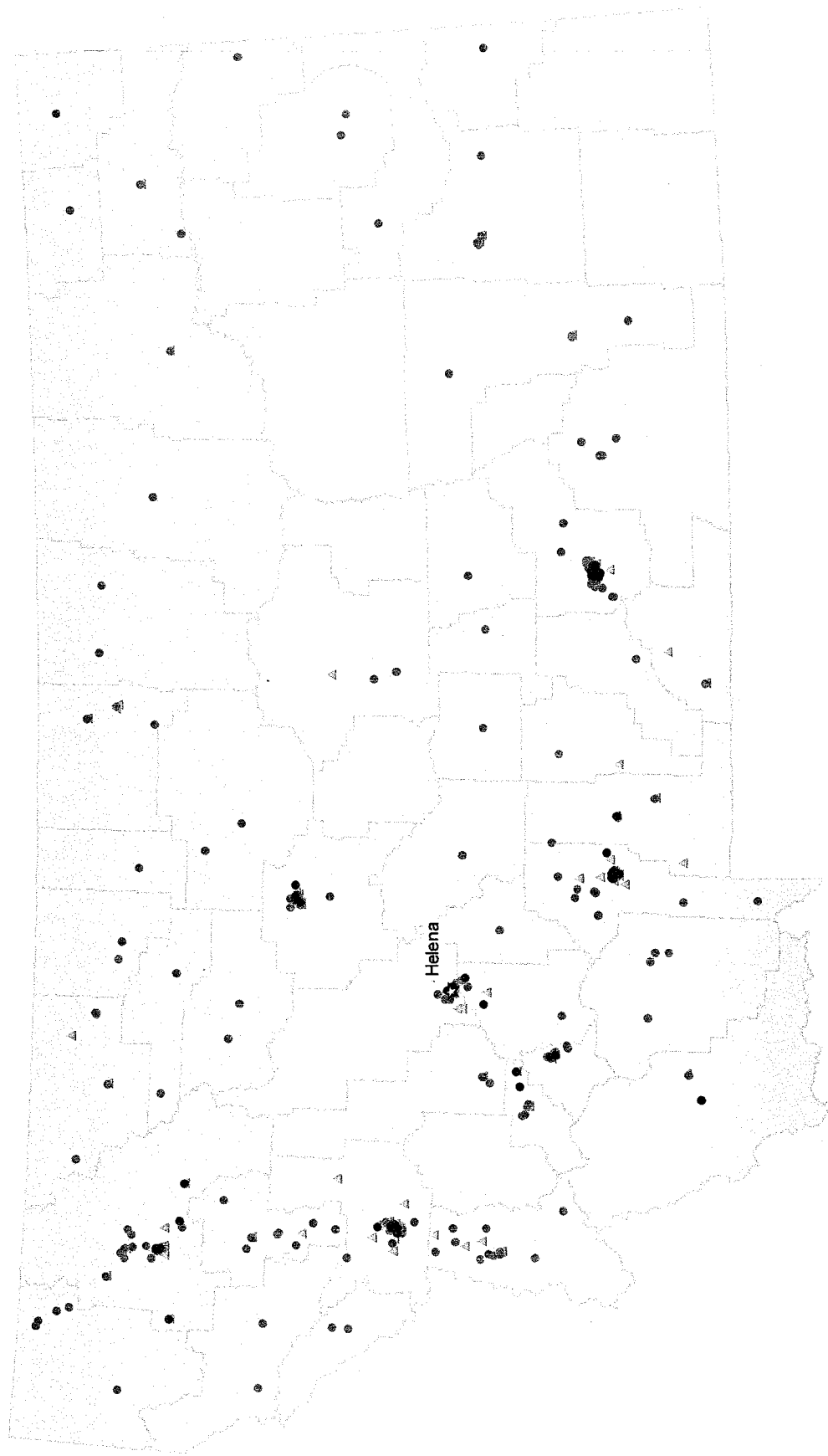


Data Sources:
American Medical Association and the
American Osteopathic Association (2008)



National Center for the
Analysis of Healthcare Data (2008)

Montana Psychiatrist and Primary Care Physician to Psychologist Distribution Comparison



- = the location of one or more actively practicing Psychiatrists (n = 85)
- = the location of one or more actively practicing Primary Care Physicians (n = 795)
- ▲ = the location of one or more actively practicing Psychologists (n = 196)



Data Source: American Medical Association,
American Osteopathic Association (2008) and the
Montana Board of Medical Examiners (May 2008)